

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

CLARK E LLEWELLYN
MARTHA G LLEWELLYN
Debtor(s)

Case No. 09-25737

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 07/16/2009.
- 2) The plan was confirmed on 10/15/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 10/07/2014.
- 6) Number of months from filing to last payment: 63.
- 7) Number of months case was pending: 65.
- 8) Total value of assets abandoned by court order: \$0.00.
- 9) Total value of assets exempted: \$68,014.00.
- 10) Amount of unsecured claims discharged without payment: \$24,747.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$29,050.00
Less amount refunded to debtor	\$0.00

NET RECEIPTS: \$29,050.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$2,654.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$1,297.32
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$3,951.32

Attorney fees paid and disclosed by debtor: \$846.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADVANCED UROLOGY ASSOC	Unsecured	483.00	NA	NA	0.00	0.00
AMERICAS SERVICING CO	Secured	14,340.00	14,339.47	14,339.47	14,339.47	0.00
AMERICAS SERVICING CO	Secured	0.00	0.00	0.00	0.00	0.00
ANESTHESIA ASSOCIATES	Unsecured	19.00	NA	NA	0.00	0.00
ASSOCIATED PATHOLOGISTS JOLIET	Unsecured	182.00	NA	NA	0.00	0.00
BASINGER PHARMACY	Unsecured	442.00	NA	NA	0.00	0.00
CARDIOLOGY INTERPRETATION II	Unsecured	5.00	NA	NA	0.00	0.00
CENTER SURGERY BREAST HEALTH	Unsecured	88.00	NA	NA	0.00	0.00
CITY OF JOLIET	Unsecured	178.00	NA	NA	0.00	0.00
CLINICAL ASSOC IN MED LLC	Unsecured	813.00	NA	NA	0.00	0.00
COLLECTION PROFESSIONALS INC	Unsecured	46.00	47.37	47.37	15.66	0.00
COMMUNITY ORTHOPEDICS	Unsecured	75.00	NA	NA	0.00	0.00
CREDIT PROTECTION ASSOC	Unsecured	360.00	NA	NA	0.00	0.00
CREDITORS DISCOUNT & AUDIT	Unsecured	407.00	NA	NA	0.00	0.00
DIGESTIVE HEALTH ASSOC	Unsecured	391.00	NA	NA	0.00	0.00
EPIC GROUP	Unsecured	60.00	NA	NA	0.00	0.00
GMAC RESCAP LLC	Secured	0.00	0.00	0.00	0.00	0.00
GMAC RESCAP LLC	Secured	1,200.00	1,200.00	1,200.00	1,200.00	0.00
GRUNDY RADIOLOGISTS	Unsecured	10.00	NA	NA	0.00	0.00
HARVARD COLLECTION SERVICE	Unsecured	146.00	NA	NA	0.00	0.00
ILLINOIS DEPT OF REVENUE	Priority	386.00	445.20	445.20	445.20	0.00
ILLINOIS DEPT OF REVENUE	Unsecured	NA	73.40	73.40	24.27	0.00
INGALLS MEMORIAL HOSPITAL	Unsecured	1,033.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	100.00	3,661.92	3,661.92	3,661.92	0.00
INTERNAL REVENUE SERVICE	Unsecured	3,944.06	282.14	282.14	93.27	0.00
JOLIET CARDIOLOGY CENTER	Unsecured	160.00	159.79	159.79	52.82	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
JOLIET ONCOLOGY HEMATOLOGY	Unsecured	73.00	NA	NA	0.00	0.00
JOLIET RADIOLOGICAL SERVICE	Unsecured	166.00	NA	NA	0.00	0.00
LISA M RUBIS	Unsecured	298.00	298.32	298.32	98.62	0.00
LVNV FUNDING	Unsecured	230.00	234.69	234.69	77.59	0.00
MIDWEST RESPIRATORY	Unsecured	100.00	NA	NA	0.00	0.00
MIRAMED REVENUE GROUP	Unsecured	280.00	NA	NA	0.00	0.00
NCO FINANCIAL SYSTEMS INC	Unsecured	90.00	NA	NA	0.00	0.00
OPTIMA MEDICAL ASSOCIATES	Unsecured	53.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	14,621.00	15,150.19	15,150.19	5,008.47	0.00
PRAIRIE EMERGENCY SERVICES	Unsecured	69.00	215.94	215.94	71.39	0.00
PRO COM SERVICES OF ILLINOIS INC	Unsecured	995.00	18.93	18.93	6.26	0.00
PRO COM SERVICES OF ILLINOIS INC	Unsecured	744.00	11.32	11.32	3.74	0.00
PROVENA ST JOSEPH HOSPITAL	Unsecured	7,477.00	NA	NA	0.00	0.00
SOUTHWEST CREDIT SYSTEM	Unsecured	180.00	NA	NA	0.00	0.00
SOUTHWEST INFECTIOUS DISEASE	Unsecured	138.00	NA	NA	0.00	0.00
SURGERY CENTER OF JOLIET	Unsecured	80.00	NA	NA	0.00	0.00
THE BEST CLINIC	Unsecured	35.00	NA	NA	0.00	0.00
UNITED SHOCKWAVE SRVS	Unsecured	343.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$15,539.47	\$15,539.47	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$15,539.47	\$15,539.47	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$4,107.12	\$4,107.12	\$0.00
TOTAL PRIORITY:	\$4,107.12	\$4,107.12	\$0.00
GENERAL UNSECURED PAYMENTS:	\$16,492.09	\$5,452.09	\$0.00

Disbursements:

Expenses of Administration	<u>\$3,951.32</u>
Disbursements to Creditors	<u>\$25,098.68</u>

TOTAL DISBURSEMENTS : **\$29,050.00**

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 12/16/2014

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.